

(1) This section should be adapted for country-specific survey design.  
Note: Questions with highlighting in the question number column may be deleted in some circumstances (see footnotes).

FEMALE GENITAL CUTTING FOR WOMAN'S QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
GC1 (1) (2)	Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision?	YES ..... 1 NO ..... 2	→ GC3
GC2 (2)	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES ..... 1 NO ..... 2	→ NEXT SECT.
GC3	Have you yourself ever been circumcised?	YES ..... 1 NO ..... 2	→ GC9
GC4	Now I would like to ask you what was done to you at that time. Was any flesh removed from the genital area?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ GC6
GC5	Was the genital area just nicked without removing any flesh?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
GC6 (3)	Was your genital area sewn closed?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
GC7	How old were you when you were circumcised?  IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/> AS A BABY/DURING INFANCY ..... 95 DON'T KNOW ..... 98	
GC8 (4)	Who performed the circumcision?	<b>TRADITIONAL</b> TRADITIONAL CIRCUMCISER ..... 11 TRADITIONAL BIRTH ATTENDANT ..... 12 OTHER TRADITIONAL PROVIDER ..... 16 (SPECIFY)  <b>HEALTH PROFESSIONAL</b> DOCTOR ..... 21 NURSE/MIDWIFE ..... 22 AUXILIARY MIDWIFE ..... 23 OTHER HEALTH PROFESSIONAL ..... 26 (SPECIFY) DON'T KNOW ..... 98	
GC9 (5)	CHECK 219, 220, AND 224 IN THE PREGNANCY HISTORY:  HAS ONE OR MORE LIVING DAUGHTERS BORN IN 2005 OR LATER <input type="checkbox"/> HAS NO LIVING DAUGHTERS BORN IN 2005 OR LATER <input type="checkbox"/>		→ GC17

FEMALE GENITAL CUTTING FOR WOMAN'S QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
GC10 (5)	Now I would like to ask you some questions about your (daughter/daughters).		
GC11	<p>RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF EACH LIVING DAUGHTER BORN IN 2005 OR LATER, STARTING WITH THE YOUNGEST.</p> <p>NAME _____ PREGNANCY HISTORY NUMBER ..... <input type="text"/> <input type="text"/></p>		
GC12	Is (NAME OF DAUGHTER) circumcised?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ GC16
GC13	<p>How old was (NAME OF DAUGHTER) when she was circumcised?</p> <p>IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.</p>	<p>AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
GC14 (3)	Was her genital area sewn closed?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
GC15 (4)	Who performed the circumcision?	<p><b>TRADITIONAL</b></p> <p>TRADITIONAL CIRCUMCISER ..... 11</p> <p>TRADITIONAL BIRTH ATTENDANT ..... 12</p> <p>OTHER TRADITIONAL PROVIDER ..... 16</p> <p>(SPECIFY) _____</p> <p><b>HEALTH PROFESSIONAL</b></p> <p>DOCTOR ..... 21</p> <p>NURSE/MIDWIFE ..... 22</p> <p>AUXILIARY MIDWIFE ..... 23</p> <p>OTHER HEALTH PROFESSIONAL ..... 26</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW ..... 98</p>	
GC16 (5)	<p>CHECK CG10: ANY MORE DAUGHTERS BORN IN 2005 OR LATER?</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p align="center">(GO TO GC11 FOR THE NEXT YOUNGEST DAUGHTER) ←</p>		→ GC17

FEMALE GENITAL CUTTING FOR WOMAN'S QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
GC17 (1)	Do you believe that female circumcision is required by your religion?	YES ..... 1 NO ..... 2 NO RELIGION ..... 3 DON'T KNOW ..... 8	
GC18 (1)	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED ..... 1 STOPPED ..... 2 DEPENDS ..... 3 DON'T KNOW ..... 8	

(1) Use local term for female circumcision.

(2) In countries where female genital cutting is widely known and widely practiced, GC1 and GC2 may not be needed. Further, in these settings, starting the module with knowledge questions could suppress prevalence of FGC. In high prevalence countries, it is optional to delete GC1 and GC2, and to add the first sentence in GC1 to GC3. If knowledge of FGC is still an important indicator in high prevalence countries, a knowledge question can be added at the end of the module.

(3) This question should be adapted to reflect country-specific methods of infibulation (that is, ways in which the vaginal orifice is narrowed or "closed").

(4) Coding categories to be developed locally and revised based on information collected before the survey and on the pretest; however, the broad categories must be maintained. The detailed coding categories for "health professional" are relevant in the countries where health professionals perform a large number of circumcisions.

(5) Year of fieldwork is assumed to be 2020. For fieldwork beginning in 2021 or 2022, the year should be 2006 or 2007, respectively.

DEMOGRAPHIC AND HEALTH SURVEYS  
 FEMALE GENITAL CUTTING MODULE  
 MODEL MAN'S QUESTIONNAIRE

[NAME OF COUNTRY]  
 [NAME OF ORGANIZATION]

IDENTIFICATION (1)				
PLACE NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER .....				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
HOUSEHOLD NUMBER .....				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
NAME AND LINE NUMBER OF MAN _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
INTERVIEWER'S NAME	_____	_____	_____	MONTH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
RESULT*	_____	_____	_____	YEAR <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
NEXT VISIT: DATE	_____	_____		INT. NO. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
TIME	_____	_____		RESULT* <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
*RESULT CODES: 1 COMPLETED    4 REFUSED    7 OTHER _____ 2 NOT AT HOME    5 PARTLY COMPLETED    SPECIFY 3 POSTPONED    6 INCAPACITATED				
LANGUAGE OF QUESTIONNAIRE** <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> </div>				
LANGUAGE OF INTERVIEW** <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>				
NATIVE LANGUAGE OF RESPONDENT** <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>				
TRANSLATOR (YES = 1, NO = 2) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>				
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b>				
**LANGUAGE CODES: 01 ENGLISH    03 LANGUAGE 3    05 LANGUAGE 5 02 LANGUAGE 2    04 LANGUAGE 4    06 LANGUAGE 6				
SUPERVISOR _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		FIELD EDITOR _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		OFFICE EDITOR _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
NAME    NUMBER		NAME    NUMBER		NUMBER

(1) This section should be adapted for country-specific survey design.

FEMALE GENITAL CUTTING/MUTILATION FOR MAN'S QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
GCM1 (1)	Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision?	YES ..... 1 NO ..... 2	→ GCM3
GCM2	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES ..... 1 NO ..... 2	→ NEXT SECT.
GCM3 (1)	Do you believe that female circumcision is required by your religion?	YES ..... 1 NO ..... 2 NO RELIGION ..... 3 DON'T KNOW ..... 8	
GCM4	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED ..... 1 STOPPED ..... 2 DEPENDS ..... 3 DON'T KNOW ..... 8	

(1) Use local term for female circumcision.